

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	1					
6	1					
7		1				
8	1					
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10	1					
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50						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	5	←		←		←
TOTAL CLAIMS	10	10				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		3		3		3

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS